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CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin

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Vol. XVII, No. 27 — July 30, 1938 — GUY P. JONES, EDITOR

The Health of Mexicans in California

The 1930 federal census enumerated 368,013 Mexicans in California, 6.5 per cent of the total population of the state, which at that time was 5,677,251. The number of Mexicans now in California is unknown but the trend of the birth rate among people of this race in California would indicate that there has been no great increase among them since the 1930 census was taken. It is certain that at least 150,000 returned to Mexico during the acute economic depression of 1932-1933 and the trend of the birth rate since 1933 would indicate the return of large numbers. In 1930 there were 14,472 Mexican births registered in California, 17.2 per cent of the total, 84,382. In 1933 there were 10,857 Mexican births registered, 14.4 per cent of the total. Since that time, there has been an annual increase, the total reaching 12,173 in 1937. During the 10 years, 1928 to 1937, inclusive, there has been an annual average of 12,700 Mexican births in this state, 15.2 per cent of the total.

The following table gives the numbers of births, by races, in California with percentages of the annual totals for the years, 1928 to 1937, inclusive:

Year	*All races*	*White*	*Per cent*	*Mexican*	*Per cent*	*Per cent all other races*
1928	83,643	64,343	76.9	13,846	16.6	6.5
1929	81,498	62,716	77.0	13,955	17.1	5.9
1930	84,382	65,071	77.1	14,472	17.2	5.7
1931	81,553	64,009	78.5	12,886	15.8	5.7
1932	78,108	62,241	79.7	11,414	14.6	5.7
1933	75,229	60,222	80.0	10,857	14.4	5.6
1934	78,442	62,959	80.3	11,465	14.6	5.1
1935	80,222	64,508	80.4	11,752	14.7	4.9
1936	84,460	68,249	80.8	12,156	14.4	4.8
1937	94,286	77,576	82.3	12,173	12.9	4.8

The infant mortality rates among Mexicans are particularly high. During the 10 years 1928-1937, inclusive, one-third of all infant deaths in California were in Mexicans. An annual average of 1556 such deaths occurred in California during these 10 years.

The numbers of infant deaths registered in California, by races, together with percentages of totals, for the years 1928 to 1937, inclusive, are as follows:

Year	*Total*	*White*	*Per cent*	*Mexican*	*Per cent*	*Per cent all other races*
1928	5,220	2,832	54.3	2,050	39.3	6.4
1929	5,139	2,901	56.4	1,886	36.7	6.9
1930	4,945	2,716	54.9	1,921	38.8	6.3
1931	4,609	2,678	58.1	1,638	35.5	6.4
1932	4,125	2,493	60.4	1,357	32.9	6.7
1933	4,022	2,436	60.6	1,318	32.8	6.6
1934	4,047	2,441	60.3	1,344	33.2	6.5
1935	3,973	2,546	64.1	1,184	29.8	6.1
1936	4,478	2,834	63.3	1,379	30.9	5.8
1937	5.060	3,276	64.7	1,479	29.2	6.1

Typhoid fever and diphtheria are also highly fatal to Mexicans, 20 per cent and 24 per cent, respectively, of deaths from these diseases in California during the past 9 years having been due to typhoid fever and diphtheria.

Pneumonia and influenza exacted heavy tolls among these people, also, and 18 per cent of all deaths in

childbirth from 1929 to 1937, inclusive, in this state were among Mexican mothers.

Although the Mexican population of California is, presumably, not more than 400,000, probably less, people of that race contributed the following unfavorable mortality records during the period 1929 to 1937, inclusive:

20 per cent of all deaths from typhoid fever.
40 per cent of all deaths from whooping cough.
24 per cent of all deaths from diphtheria.
12 per cent of all deaths from influenza.
22 per cent of all deaths from tuberculosis.
63 per cent of all deaths from diarrhea and enteritis under age of 2.
18 per cent of all deaths from puerperal causes.
17 per cent of all deaths from pneumonia.
33 per cent of all deaths of infants.

Distribution of Mexican Population in California by Counties, 1930

Alameda	6,021	Plumas	268
Alpine	----	Riverside	15,128
Amador	885	Sacramento	4,624
Butte	333	San Benito	659
Calaveras	300	San Bernardino	24,265
Colusa	802	San Diego	15,996
Contra Costa	4,767	San Francisco	7,922
Del Norte	4	San Joaquin	4,827
El Dorado	48	San Luis Obispo	1,956
Fresno	9,783	San Mateo	1,246
Glenn	154	Santa Barbara	7,930
Humboldt	161	Santa Clara	3,401
Imperial	21,618	Santa Cruz	628
Inyo	574	Shasta	245
Kern	7,109	Sierra	38
Kings	3,126	Siskiyou	797
Lassen	19	Solano	711
Los Angeles	167,024	Sonoma	313
Madera	1,971	Stanislaus	1,278
Marin	788	Sutter	492
Mariposa	65	Tehama	145
Mendocino	111	Trinity	18
Merced	2,638	Tulare	7,056
Modoc	313	Tuolumne	500
Mono	19	Ventura	13,839
Monterey	3,026	Yolo	1,984
Napa	166	Yuba	205
Nevada	168		
Orange	16,536	Total	368,013
Placer	1,427		

In 1930 282,336 out of 368,013 Mexicans in California lived in the eight counties of southern California—77 per cent of the total. Of these 282,336—almost 47 per cent, 131,866—lived in the cities of Los Angeles, San Bernardino, Santa Ana, Riverside, San Diego, Santa Barbara, Pasadena, Santa Monica, Long Beach, Alhambra and Glendale. They were distributed as follows:

Los Angeles City	97,116	Santa Monica	2,307
San Diego	9,266	Long Beach	1,691
San Bernardino	6,839	Alhambra	456
Riverside	3,942	Glendale	584
Santa Ana	3,633		
Santa Barbara	3,279		131,866
Pasadena	2,753		

It should be noted, also, that 20,125 resided in Belvedere township, adoining Los Angeles City, under typically urban conditions.

Distribution of the Mexican population in southern California, by counties, in 1930 was as follows:

Los Angeles	167,024	Riverside	15,128
San Bernardino	24,265	Ventura	13,839
Imperial	21,618	Santa Barbara	7,930
Orange	16,536		
San Diego	15,996		282,336

There were 39,183 Mexicans residing in the San Joaquin Valley and Sacramento County in 1930, of whom 10,167 lived in the cities of Sacramento, Stockton, Bakersfield and Fresno.

It is believed that the distribution of Mexicans in California is practically the same in 1938 as it was in 1930. Probably half of them live in the various municipalities of the state, but during the harvest seasons many of them may migrate into adjoining agricultural districts. In some counties, such as San Bernardino and Riverside, at least 75 per cent of the Mexican population reside in the rural districts of the county.

In making an evaluation of statistical records of local health units throughout southern California, the proportion of Mexican residents must be given consideration for the reason that health conditions among these people compare unfavorably with those of the white population. The cities and counties of southern California, however, are exerting every effort to raise public health standards among Mexicans. Activities to improve child and maternal health are numerous and the control of tuberculosis is a major activity. Because of a general lack of resistance to the various communicable diseases, Mexicans constitute a problem in the maintenance of the public health. Failure to observe the common laws of hygiene is an important factor in the production of unfavorable sanitary conditions, high infant mortality rates, and many deaths from tuberculosis and other communicable diseases. By means of education in hygiene, demonstrations of proper infant care and provision of advice in nutrition, the health of Mexicans in California may be improved greatly. The activities along these lines, as conducted by local health departments, are commendable. By controlling communicable diseases in Mexicans there is less opportunity for the spread of such diseases among persons of other races.

There is no royal road to reconstruction for a failing heart; but by knowledge and perseverance, interest can be stimulated in something which will often successfully restore a person to usefulness and rescue him from invalidism.

PROGRAM OF HEALTH OFFICERS' SECTION, LEAGUE OF CALIFORNIA MUNICIPALITIES

Santa Barbara, September 6, 7, 8, 1938

All Meetings to Be Held in Council Chamber, City Hall

Tuesday, September 6

9 a.m.—Registration.

9.30 a.m.—Address of welcome, Patrick J. Maher, Mayor of Santa Barbara.

Response—E. F. Reamer, M.D., President, Health Officers' Section, Health Officer of Stanislaus County, Modesto.

Report of the Secretary—W. M. Dickie, M.D., Secretary, Health Officers' Section.

A Review of Public Health for the Past Year—W. M. Dickie, M.D., Director, California State Department of Public Health, Sacramento.

Recent Studies in Plague—K. F. Meyer, M.D., Director, Hooper Foundation for Medical Research, University of California School of Medicine, San Francisco.

2.30 p.m.—General Session, League of California Municipalities.

Wednesday, September 7

9 a.m.—Presiding, Frank L. Kelly, M.D., City Health Officer, Berkeley.

Valley Fever—E. C. Dickson, M.D., and C. E. Smith, M.D., Department of Preventive Medicine, Stanford University School of Medicine, San Francisco.

Discussion—Myrnie Gifford, M.D., Assistant Health Officer of Kern County, Bakersfield.

The Control of Animal Rabies—Charles W. Friedrichs, Secretary, San Francisco Society for the Prevention of Cruelty to Animals, San Francisco.

The Need for, Advisability of and Technique in the Control of Injurious Rodents—E. E. Horn, Biologist, Division of Wildlife Research, College of Agriculture, University of California, Berkeley.

Communicable Disease Problems in the Schools, Panel Discussion by Health Officers—Frank L. Kelly, M.D., City Health Officer, Berkeley; J. J. Sippy, M.D., Health Officer, San Joaquin Health District, Stockton; A. M. Lesem, M.D., Health Officer, San Diego City and County, San Diego.

2 p.m.—Presiding, C. T. Roome, M.D., City Health Officer, Santa Barbara.

Developments in Public Health Nursing in the State Department of Public Health and Plans for the Future—Rena Haig, Chief, Public Health Nursing Service, California State Department of Public Health, San Francisco.

Cooperation of the Health Department With the Schools in the Promotion of Health. 1. The Teacher in the School Health Program—H. Irene Sawyer, Eighth Grade, Montecito Union School, Montecito; Margaret Neagle, San Marcos Emergency One-Room School, Santa Barbara County Schools, San Marcos. 2. Contribution of the County Health Department—Helen Woodworth, Supervising Nurse, Santa Barbara County Health Department, Santa Barbara.

Ten Minute Recess

Planning Programs for Effective Service—Ruth Taylor, Public Health Nurse Consultant, Children's Bureau, United States Department of Labor, San Francisco. Discussion: C. R. Wylie, M.D., Ventura County Health Officer, Ventura.

Preparing the Nurse for Community Health Service—Elinor Lee Beebe, M.D., Assistant Professor of Public Health Nursing, University of California, Los Angeles.

7 p.m.—Annual Banquet Health Officers' Section, El Paseo Restaurant.

Thursday, September 8

9 a.m.—Presiding, H. F. True, M.D., City Health Officer, Sacramento.

Trichinosis—Hyman I. Vener, M.D., Epidemiologist, Los Angeles City Health Department, Los Angeles.

Review of the Venereal Disease Program—Malcolm H. Merrill, M.D., Chief, Bureau of Venereal Diseases, California State Department of Public Health, San Francisco.

General Round Table Discussion on Venereal Disease Control—Led by H. F. True, M.D., City Health Officer, Sacramento.

1. Administration of Clinics—Kenneth L. Stout, M.D., Medical Officer, Bureau of Venereal Diseases, California State Department of Public Health, San Francisco.

2. The Public Health Nurse in Venereal Disease Control—Mrs. Luella McCarthy, State Public Health Nurse, City Clinic, Long Beach.

3. The Administration of a Venereal Disease Program in a Large City—H. M. Elliott, M.D., Division of Venereal Diseases, Los Angeles City Health Department, Los Angeles.

4. The Administration of a Venereal Disease Program in a Large County—P. Richard Auriemma, M.D., Los Angeles County Health Department, Los Angeles.

5. The Administration of a Venereal Disease Program in a Rural Territory—R. C. Main, M.D., Health Officer of Santa Barbara County, Santa Barbara.

6. The Cooperation of Physicians in the Venereal Disease Program—C. M. Burchfiel, M.D., Health Officer of Santa Clara County, San Jose.

Business Session—Election of Officers

2 p.m.—Presiding, A. M. Lesem, M.D., City and County Health Officer, San Diego.

Health Problems Among Migratory Workers—Omer Mills, Ph.D., United States Farm Security Administration, San Francisco. Discussion: Led by Lee A. Stone, M.D., Madera County Health Officer, Madera.

Carbon Monoxide Studies in the Industrial Hygiene Program—John P. Russell, M.D., Chief, Industrial Hygiene Service, California State Department of Public Health, Berkeley. Diccussion: Led by C. H. Fry, Superintendent of Safety, Industrial Accident Commission, State Department of Industrial Relations, San Francisco.

The Press and the Radio for Public Health Information—Ann Wilson Haynes, Bureau of Venereal Diseases, California State Department of Public Health, San Francisco.

Public Health Education—Alice Edwards, Bureau of Child Hygiene, California State Department of Public Health, San Francisco.

"ON SALE" INSPECTIONS

Routine inspections of "on sale" establishments were carried on during June in northern California, the lower San Joaquin Valley, and in southern California by the Bureau of Food and Drugs. A marked decrease of the number of violations was noted. However, the presence of large amounts of cheaper whiskies in many places may indicate the substitution of such products for more expensive brands during rush periods. Violations discovered involved mostly the refilling of imported Scotch bottles with domestic type Scotch, and the refilling of imported Cognac bottles with a brandy of inferior grade. Imported gins are often substituted by cheaper domestic types, and in some instances, illicit alcohol is substituted. Hearings were held on forty-nine violations uncovered during the month. Quite often, owners of establishments are unable to provide information as to how or why violations occurred. Continued efforts are being made to assure the serving of products that conform strictly to the labels on bottles.

MORBIDITY

Complete Reports for Following Diseases for Week Ending July 23, 1938

Chickenpox

144 cases: Alameda 1, Berkeley 10, Oakland 19, San Leandro 2, Contra Costa County 2, El Dorado County 1, Fresno County 2, Kern County 2, Hanford 1, Los Angeles County 16, Alhambra 2, Huntington Park 1, Los Angeles 20, Pasadena 1, Redondo 1, Santa Monica 5, Whittier 4, Lynwood 2, San Rafael 1, Livingston 1, Newport Beach 1, Santa Ana 3, La Habra 3, Sacramento 5, San Diego 4, San Francisco 7, San Joaquin County 6, Stockton 3, Santa Barbara County 1, Santa Barbara 9, Santa Maria 1, Gilroy 2, Sonoma County 2, Dinuba 1, Yuba County 1, Fresno 1.

Diphtheria

19 cases: Los Angeles County 4, Long Beach 1, Los Angeles 9, Hawthorne 1, Monterey County 1, Riverside County 1, Yolo County 1, Marysville 1.

German Measles

16 cases: Alameda County 2, Oakland 2, Alhambra 1, Burbank 1, Long Beach 1, Los Angeles 1, Pasadena 1, Monterey 1, Orange County 2, Corona 1, San Diego 1, San Francisco 1, Tuolumne County 1.

Influenza

23 cases: Arcadia 1, Glendale 2, Los Angeles 6, Pasadena 1, Orange County 1, La Habra 1, Placentia 1, San Diego County 1, California 9.

Malaria

3 cases: Los Angeles 1, Paso Robles 1, Marysville 1.

Measles

294 cases: Alameda County 6, Emeryville 1, Hayward 2, Oakland 16, San Leandro 1, Chico 1, Concord 1, Fresno County 1, Fresno 1, Humboldt County, 1, Kern County 9, Bakersfield 1, Hanford 11, Los Angeles County 24, Alhambra 1, Azusa 1, Culver City 1, Glendale 2, Huntington Park 1, Inglewood 1, Long Beach 9, Los Angeles 34, Monrovia 11, Pasadena 5, Monterey Park 3, Maywood 1, Bell 1, Madera County 2, Madera 1, Corte Madera 1, Yosemite National Park 1, Gustine 1, Merced 2, Monterey County 1, Orange County 12, Anaheim 2, Newport Beach 2, Orange 2, Santa Ana 6, Seal Beach 1, Laguna Beach 1, Riverside County 1, Beaumont 3, Corona 1, Sacramento 5, Ontario 6, Redlands 5, San Diego County 5, Coronado 7, National City 2, Oceanside 2, San Diego 41, San Francisco 6, San Joaquin County 1, Lodi 1, Tracy 1, San Luis Obispo County 1, Paso Robles 5, Santa Barbara County 1, Lompoc 1, Santa Barbara 1, Santa Maria 3, San Jose 1, Stanislaus County 1, Turlock 1, Tulare County 1, Tuolumne County 3, Ventura County 2, Ventura 2, Marysville 1, California 1.*

Mumps

181 cases: Alameda County 3, Alameda 9, Albany 1, Berkeley 17, Oakland 12, San Leandro 5, Contra Costa County 1, Martinez 2, Fresno County 4, Fresno 1, Bakersfield 2, Los Angeles County 8, Arcadia 1, Culver City 1, El Monte 1, Glendale 4, Los Angeles 14, Pasadena 1, Pomona 1, San Fernando 3, South Gate 1, Maywood 2, Madera County 2, Orange County 7, Fullerton 1, Santa Ana 1, Sacramento 34, San Diego 13, San Francisco 13, Stockton 4, San Luis Obispo 1, Santa Barbara County 1, Santa Barbara 2, San Jose 1, Santa Cruz County 2, Santa Cruz 1, Dixon 3, Visalia 1.

Pneumonia (Lobar)

27 cases: Berkeley 1, Los Angeles County 11, Los Angeles 8, Pasadena 2, Hawthorne 1, Orange County 1, Fullerton 1, La Habra 1, San Francisco 1.

Scarlet Fever

82 cases: Oakland 1, Contra Costa County 1, Fresno 2, Sanger 1, Humboldt County 1, Kern County 2, Delano 1, Lassen County 1, Los Angeles County 12, Alhambra 2, La Verne 2, Los Angeles 18, Lynwood 4, Merced 1, Salinas 2, Napa 1, Santa Ana 2, Seal Beach 1, Laguna Beach 1, Placer County 1, Blythe 1, Corona 1, Sacramento 3, San Francisco 9, San Mateo County 2, Sonoma County 5, Tehama County 1, Tulare County 1, California 2.*

Smallpox

16 cases: Los Angeles County 10, Long Beach 2, Riverside 1, San Diego 1, Tulare County 2.

Typhoid Fever

7 cases: Crescent City 1, Imperial County 1, Los Angeles County 1, Los Angeles 1, San Francisco 1, Lompoc 1, California 1.*

Whooping Cough

249 cases: Alameda County 9, Alameda 3, Albany 1, Berkeley 10, Emeryville 2, Hayward 2, Livermore 1, Oakland 12, San Leandro 4, Contra Costa County 3, Martinez 4, Fresno County 1, Fresno 1, Los Angeles County 23, Alhambra 1, Huntington Park 2, Inglewood 1, Long Beach 4, Los Angeles 33, Pomona 1, Santa Monica 5, South Pasadena 1, Hawthorne 1, South Gate 3, Madera County 2, Monterey County 5, Salinas 1, Grass Valley 1, Orange County 4, Anaheim 1, Santa Ana 2, Seal Beach 1, La Habra 2, Laguna Beach 1, Riverside County 3, Corona 6, Sacramento 13, National City 2, San Diego 16, San Francisco 21, San Joaquin County 9, Stockton 7, San Bruno 1, Santa Barbara 9, Yreka 3, Suisun 1, Sonoma County 1, Stanislaus County 2, Turlock 1, Tuolumne County 5, Yuba County 1.

Meningitis (Epidemic)

2 cases: Mendocino County 1, San Bernardino 1.

Dysentery (Amoebic)

4 cases: Kern County 1, Long Beach 2, National City 1.

Dysentery (Bacillary)

3 cases: Los Angeles County 1, La Verne 1, Torrance 1.

Pellagra

2 cases: Los Angeles County 1, Pasadena 1.

Poliomyelitis

9 cases: Kern County 2, Bakersfield 1, Los Angeles County 1, Long Beach 1, Gustine 1, Santa Cruz County 1, Stanislaus County 1, California 1.*

Tetanus

1 case: Los Angeles.

Trachoma

2 cases: Monterey County 1, Riverside County 1.

Undulant Fever

4 cases: Arcadia 1, Fullerton 1, Riverside 1, Porterville 1.

Actinomycosis

1 case: Sonoma County.

Coccidioidal Granuloma

1 case: San Joaquin County.

Septic Sore Throat

2 cases: Orange County 1, San Clemente 1.

Relapsing Fever

1 case: San Bernardino County.

Rabies (Animal)

31 cases: Kern County 4, Bakersfield 1, Los Angeles County 2, Los Angeles 17, Redondo 1, Santa Monica 2, South Gate 1, Stanislaus County 1, Porterville 2.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

The required methods of work are no secret; for they have been employed by thinking individuals ever since the time of Socrates. Here one can not build without laying foundations. One can not, for example, be a radio expert without the principles of electricity. One can not be a business expert without economics. One can not be an engineer without getting a knowledge of mathematics. Thus it runs throughout the cycle of subjects. Successful work is a kind of development; so before going far one must master its preliminary and prerequisite stages. There is no other valid way. One can not build a tower without first laying a solid foundation.

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